

06286

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND		
CITY (If outside corporate limits, write RURAL and OR give nearest town) Pocomoke			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke		
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #1			STREET ADDRESS RFD #1 (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) Charlie	(Middle) Edward	(Last) Ames	4. DATE OF DEATH	(Month) June (Day) 22 (Year) 1951
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH June 10, 1951	9. AGE last birthday No yrs.	If under 1 year Months 13 Days 13 Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			11. BIRTHPLACE (State or foreign country) Maryland		
10b. KIND OF BUSINESS OR INDUSTRY None			12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME William Ames			14. MOTHER'S MAIDEN NAME Mary Elizabeth White		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		
			17. INFORMANT AND ADDRESS William Ames, RFD 1, Pocomoke, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

36 hours

Immediate cause

(a) **ENTERITIS**

764.0 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)
(c)

HENRY M. LANKFORD, M.D.

Deputy Medical Examiner

for Somerset County

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

20. AUTOPSY?

Yes No

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

(STATE)

21. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURY

INJURY OCCURRED
While at Not while
work at work

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

BURIAL

6/23/51

Christ Methodist Cem.

Pocomoke, Md.

DATE RECEIVED BY LOCAL
REG.

6/23/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Henry H. Watson, Pocomoke, Md.

406101274 366

BUREAU U. S.

JUN 27 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

06287

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

I. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		COUNTY	
<i>Somerset</i>				<i>Md.</i>		<i>Somerset</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <i>Crisfield</i>				TOWN <i>Crisfield</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(If rural, give location)	
				<i>Abbury Avenue</i>			
3. NAME OF DECEASED (Type or Print)	(First) <i>Anna</i>	(Middle) <i>Hampton</i>	(Last) <i>Barkley</i>	4. DATE OF DEATH	(Month) <i>June</i>	(Day) <i>2</i>	(Year) <i>1951</i>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Widowed</i>	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
<i>School Teacher</i>		<i>Crisfield - Somerset Co. Md.</i>	<i>U.S.</i>				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
<i>Samuel H. Sterling</i>	<i>Mary Ann Horsey</i>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT AND ADDRESS		<i>Mrs. Victoria Hodges - Abbury Ave. Crisfield</i>		

MARGIN RESERVED FOR BINDING

ONE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause		(a) <u>Cerebral Thrombosis</u>		7 yrs.	
Antecedent cause(s)		(b) <u>Atherosclerosis</u>		8 yrs.	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY					
TIME (Month) OF INJURY	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1951, to January 2, 1951, that I last saw the deceased alive on January 2, 1951, and that death occurred at 8:15 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) **ADDRESS** DATE SIGNED

SIGNATURE

(Degree or title)

.....
ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
Burial	June 7, 1951	Shiloh M.E. Church	Crisfield - Maryland	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.		24. FUNERAL DIRECTOR	ADDRESS	
June 5, 1951 Betty W. Tager		Charles H. Ward - Marion Station	Md	

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JUN 7 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06288

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

Somerset

County

Ewell (Smith Island)

City or town

(If outside city or town limits, write RURAL and give nearest town)

lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

none

How long in hospital or institution?

3. (a) FULL NAME

MARY ELIZABETH BRIMER

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Frank S. Brimer

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

Sept. 5, 1870

8. AGE:

80

Years

Months

Days

It less than one day

hrs.

min.

9. Birthplace

Ewell-Somerset-Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Domestic

unknown

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

Mrs. Edwin Whitelock

16. Informant

Ewell, Maryland

22

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 22, 1951

(month) (day) (year)

Ewell Cemetery

Location

Ewell, Maryland

18. Funeral director

Bradshaw Funeral Parlors

Address

Crisfield, Md.

19.

6

22

51

19

(Date rec'd by registrar)

Betty W. Tyler

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Somerset

City or town

Ewell

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

P

20. DATE OF DEATH

June 19,

1951

at 12:45

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November

19. 46

to June 19,

19. 51

and that I last saw her alive on

June 19,

19. 51

Immediate cause of death Cerebral Hemorrhage

DURATION

24 hrs.

Due to General arterio-sclerosis

4 yrs.

Due to xxx 331X

plus

Other conditions Arterio-sclerotic heart

4 yrs.

disease

(Include pregnancy within 3 months of death)

plus

Major findings of operations

XX

Date of op.

XX

Autopsy results

XX

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

XX

Date of

XX

Where did injury occur

XX

(City or town)

(State)

Injured at home, farm, industry, public place (where?)

XX

Means of injury

XX

Injured at work?

XX

23. SIGNATURE

M. S. Chambers M.D.

M. D. or other

6/19/51

Address

Ewell, Md.

Date signed

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JUN 25 1951

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06289

Reg. Dist. No. 262

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<u>Somerset</u>		<u>MARYLAND</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>Rural #1, Poconoske Life</u>		TOWN <u>Rural #1, Poconoske</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
(Type or Print)		(First) <u>Levin</u>	(Middle) <u>S.</u>
3. NAME OF DECEASED		(Last) <u>Carmean</u>	4. DATE OF DEATH
(Type or Print)			<u>June 28</u>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
<u>Male</u>	<u>white</u>	<u>single</u>	<u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
<u>Hazem</u>		<u>cent.</u>	<u>Maryland</u>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<u>Levin Carmean</u>		<u>Julia Ann Clavel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
<u>no</u>		<u>none</u>	<u>Mrs Grace Butler, Poconoske</u>
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>134.3 Immediate cause (a) <u>Acute Heart disease</u></p> <p>95c Antecedent cause(s) (b) _____</p> <p>Diseases or conditions, if any, giving rise to the above cause (c) _____ stating the underlying cause last</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
<u>June 28/1951 11:20 a.m.</u>			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE		(Degree or title)	DATE SIGNED
<u>Henry M. Lambford M.D.</u>		<u>Principals Assuring</u>	<u>6/28/51</u>
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
<u>Burial</u>		<u>June 30/1951</u>	<u>Quinton M.E. County Rural, Poconoske, Md.</u>
DATE REC'D BY LOCAL REG. <u>7/2/51</u>		REGISTRAR'S SIGNATURE <u>Boyzman</u>	24. FUNERAL DIRECTOR ADDRESS
			<u>Henry H. Alderson</u>
			<u>100/05</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06290

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH. COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE	
<i>Somerset</i> MARYLAND		<i>Md</i> COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <i>Princess Anne</i>		TOWN <i>Princess Anne</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
<i>Josephine F'lem</i>		(Last) <i>Hargis</i> (Month) <i>June</i> (Year) <i>17 1951</i>	
5. SEX		6. COLOR OR RACE	
<i>C</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>widow</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<i>House work</i>		<i> </i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>Noah Hargis</i>		<i>Fannie Dutton</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT AND ADDRESS	
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <i>Chronic myocarditis</i>			
422.2 Antecedent cause(s) Diseases or conditions, if any, (b) _____ <i>93d</i> giving rise to the above cause stating the underlying cause last (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> m. <input type="checkbox"/>	
HOW DID INJURY OCCUR?		-	
22. I hereby certify that I attended the deceased from <i>April 15th 1950</i> , to <i>June 17th 1951</i> , that I last saw the deceased alive on <i>June 17th 1951</i> , and that death occurred at <i>2:45 p.m.</i> , from the causes and on the date stated above. SIGNATURE <i>E. Gordon G. Marman</i> (Degree or title) <i>Princess Anne</i> ADDRESS DATE SIGNED <i>6-21-51</i>			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
<i>Burial</i>		<i>June 24-51</i>	
DATE REC'D BY LOCAL REG. <i>6/21/51</i>		REGISTRAR'S SIGNATURE <i>R. L. Johnson, M.D.</i>	
24. FUNERAL DIRECTOR		ADDRESS <i>Charles H. Ward Marion MD</i>	

RECEIVED

JUN 22 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

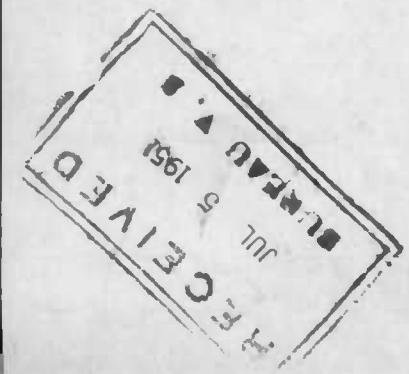
06291

Not CB

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Marion			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN College Corner		
HOSPITAL OR INSTITUTION OR STREET ADDRESS None			STREET ADDRESS None		
3. NAME OF DECEASED (Type or Print)	(First) RILEY	(Middle) EVERETT	(Last) JEFFERS	4. DATE OF DEATH	(Month) June (Day) 30 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH July 6, 1868	9. AGE last birthday 82 yrs.	If under 1 year Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Retired		10b. KIND OF BUSINESS OR INDUSTRY Truck farming	11. BIRTHPLACE (State or foreign country) College Corner, Ohio	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME James Jeffers			14. MOTHER'S MAIDEN NAME Eliza Wright		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, No , unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Rev. H. C. Jeffers, Marion, Md.		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>Immediate cause (a) <i>Acute Del of Heart</i></p> <p>Antecedent cause(s) (b) <i>Congrusion & Prof. Conv.</i></p> <p>Diseases or conditions, if any, giving rise to the above cause (c) <i>Cerebral Metastosis</i></p> <p>53 stating the underlying cause last <i>Generalized Seizures</i></p>					
INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>12 months</i> <i>10 days</i>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Generalized Seizures</i>					
19a. DATE OF OPERATION now		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. ACCIDENT SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Mar. 1, 1951 , to May 30, 1951 , that I last saw the deceased alive on May 30, 1951 , and that death occurred at 6 P.M. , from the causes and on the date stated above. SIGNATURE <i>James G. Coyle, Jr.</i> ADDRESS <i>Marion, Ohio</i> DATE SIGNED May 30, 1951					
23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 4, 1951 NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) College Corner, College Corner, Ohio					
DATE REC'D BY LOCAL REG. 7/1/51		REG. Betty W. [initials]		24. FUNERAL DIRECTOR ADDRESS Beadshaw Funeral Parlors, Cuyahoga	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06292

CERTIFICATE OF DEATH

Reg. Dist. No. 260

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH. COUNTY <u>Somerset</u> MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>Maryland</u> COUNTY <u>Somerset</u>		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Princess Anne</u>			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Princess Anne</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>Daisy</u>			4. DATE OF DEATH <u>June 30 1951</u>		
5. SEX <u>Fem</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-10-1907</u>	9. AGE last birthday yrs. <u>43</u>	If under Months. <u>0</u> I year <u>0</u> If under 24 hrs. Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Our Home</u>		
11. BIRTHPLACE (State or foreign country) <u>Somerset County, Md.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>William Cooper</u>			14. MOTHER'S MAIDEN NAME <u>Florence Whitney</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>219-07-6480</u>		
17. INFORMANT <u>Percy Jones</u>					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Thyroidoxicosis

252.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

63b (b) _____

(c) Chronic myocarditisINTERVAL BETWEEN
ONSET AND DEATH
20 yearsII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

18 months

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 12th, 1949, to June 30, 1951, that I last saw the deceasedalive on June 29, 1951, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Eddie G. Mansman Princess Anne 1951 7-2-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>7-28-51</u>	NAME OF CEMETERY OR CREMATORIAL <u>Mt. Hope</u>	LOCATION (City, town, or county) <u>Princess Anne, Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>7-2-51</u>	REGISTRA'S SIGNATURE <u>R.H. Johnson, M.D.</u>	24. FUNERAL DIRECTOR <u>Walbaum & Johnson, Princess Anne</u>	ADDRESS <u>Princess Anne, Md.</u>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06293

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH. COUNTY <i>Somerset</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>Md Somerset</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Farmount</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS <i>Farmount</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) <i>Paul</i>	(Middle) <i>Col</i>	(Last) <i>James</i>
4. SEX Male	5. COLOR OR RACE Col	6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widower</i>	7. DATE OF BIRTH <i>May 18 1872</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Gardener of school</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>C</i>	11. BIRTHPLACE (State or foreign country) <i>Farmount somerset, Md</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Samuel Jones</i>	14. MOTHER'S MAIDEN NAME <i>Sue Ellem Hall</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS <i>Miss Bessie Jones Farmount Md</i>	18. MEDICAL CERTIFICATION <i>Myocardial Failure Arteriosclerotic Hypertension</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) _____

Myocardial Failure

Antecedent cause(s)

(b) _____

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last*422.1**93d*

(c) _____

*Arteriosclerotic
Hypertension*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *2/21*, 1951, to *6/25*, 1951, that I last saw the deceased
alive on *June 24*, 1951, and that death occurred at *6:30 A.M.* from the causes and on the date stated above.
SIGNATURE *B. W. Steele Jr.* (Degree or title) *Physician* ADDRESS *Farmount, Md.* DATE SIGNED *1951*

23. BURIAL, CREMATION REMOVAL (Specify) DATE REC'D BY LOCAL REG.	DATE THEREOF <i>June 27-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Fantus</i>	LOCATION (City, town, or county) (State) <i>Farmount somerset, Md.</i>
DATE REC'D BY LOCAL REG.	REGISTER'S SIGNATURE <i>R. Johnson M.D.</i>	24. FUNERAL DIRECTOR ADDRESS <i>Charles H. Ward Marion st, Md.</i>	

RECEIVED
LIBRARY U. S.
JUN 27 1951

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06294

265

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH. COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE	
<i>Somerset</i>		COUNTY <i>Md</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR	
TOWN <i>Caspell</i>	<i>72 hours</i>	TOWN <i>Mariion sta</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Ince ready Hospital</i>	STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) <i>Robert</i>	(Middle)	(Last) <i>Maddot</i>
4. DATE OF DEATH	(Month) <i>June</i>	(Day) <i>13</i>	(Year) <i>1951</i>
5. SEX	6. COLOR OR RACE <i>Male C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>Mar 9-1950</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>child</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>C</i>	9. AGE last birthday If under 1 year Months Days Hours Min.	11. BIRTHPLACE (State or foreign country) <i>Marion Somerset Md USA</i>
13. FATHER'S NAME <i>Willie Maddot</i>	14. MOTHER'S MAIDEN NAME <i>Gertrude Gottman</i>	12. CITIZEN OF WHAT COUNTRY	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>181</i>
16. SOCIAL SECURITY NO. <i>1</i>	17. INFORMANT AND ADDRESS <i>Willie Maddot Marionsta, Md</i>	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause
9170(a) *extensive burn of back*

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE <i>Homicide</i>	(Specify)	PLACE (Home, farm, factory, street, OF office bldg etc.) <i>Home</i>	(CITY OR TOWN) <i>Marion</i>	(COUNTY) <i>Somerset</i>	(STATE) <i>Md</i>
TIME (Month) OF INJURY <i>June 12 1951</i>	(Day) <i>10:30</i>	(Year) <i>1951</i>	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <i>Scalding water dropped on the body</i>	

22. I hereby certify that I attended the deceased from *June 12, 1951*, to *June 13, 1951*, that I last saw the deceasedalive on *June 13, 1951*, and that death occurred at *6:45 A.M.* from the causes and on the date stated above.
SIGNATURE *Samuel M. Payton* ADDRESS *M.D Caspell, Md* DATE SIGNED *June 14, 1951*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Buried</i>	DATE THEREOF <i>June 16-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Waters Chapel</i>	LOCATION (City, town, or county) (State) <i>Kington, Somerset, Md</i>
DATE REC'D BY LOCAL REG. <i>June 15, 1951</i>	REG.	REGISTRAR'S SIGNATURE <i>Betty Massey</i>	24. FUNERAL DIRECTOR ADDRESS <i>Charles H. Ward Marion, sta Md.</i>

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06295

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY <u>Somerset</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Princess Anne</u>		LENGTH OF STAY (in this place) <u>49 yrs.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Princess Anne</u> STREET ADDRESS <u>Beckford Ave.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Hannie</u>	(Middle)	(Last) <u>Matthews</u>
4. DATE OF DEATH	(Month) <u>June</u>	(Day) <u>3</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 28, 1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. FATHER'S NAME <u>Ota</u>	14. MOTHER'S MAIDEN NAME <u>Bounds</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT AND ADDRESS <u>Frank Matthews</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause <u>343X</u> Antecedent cause(s) <u>80b</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (a) <u>Encephalitis (not definite)</u> <u>9 mo.</u> (b) <u>Complete Paralysis Bilateral</u> <u>2 days</u> (c)</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	(STATE)
22. I hereby certify that I attended the deceased from <u>Aug. 1, 1950</u> , to <u>June 3, 1951</u> , that I last saw the deceased alive on <u>June 3, 1951</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above. SIGNATURE <u>John B. Whaley M.D.</u> ADDRESS <u>Princess Anne, Md.</u> DATE SIGNED <u>June 3, 1951</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 5, 1951</u>	NAME OF CEMETERY OR CREMATORIUM <u>Monkskin Cemetery</u>	LOCATION (City, town, or county) (State) <u>Princess Anne, Md.</u>
DATE REC'D BY LOCAL REG. <u>9/4/54</u>	REGISTRAR'S SIGNATURE <u>K. L. Johnson, M.D.</u>	24. FUNERAL DIRECTOR ADDRESS <u>Lerin R. Wilson, Princess Anne, Md.</u>	

REFUGEE

JUN 4 1954

BUREAU V.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06296

Reg. Dist. No. 265-

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County..... Somerset

City or town..... Ewell

(If outside city or town limits, write RURAL and give nearest town)

55 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

None

How long in hospital or institution?

3. (a) FULL NAME

DANIEL S. SOMERS

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife..... Arintha Somers

7. Birth date of deceased (mo. day, yr.)..... January 29, 1863

8. AGE: Years Months Days If less than one day
88 4 22 hrs. min.9. Birthplace..... Fairmount-Somerset-Maryland
(Town, county, and state)

Retired waterman

10. Usual occupation

11. Industry or business Oyster & Crab Industry

James Somers

13. Birthplace Somerset County, Md.

Mary Milligan

15. Birthplace Somerset County, Md.

George Somers

Ewell, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... June 14, 1951

(month) (day) (year)

Cemetery or crematory Ewell Cemetery

Location Ewell, Maryland

18. Funeral director

Bradshaw Funeral Parlors

Address Crisfield, Maryland

19. L-14

19.51

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset

City or town..... Ewell

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

None

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 11, 1951, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1946, to June 11, 1951,

and that I last saw him alive on June 9th, 1951, 1951.

Immediate cause of death..... Arterio-sclerotic heart disease

Due to..... General arterio-sclerosis 42 years plus

Date of death..... 42.0

Other conditions..... Malnutrition, three months

93d (Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op..... XX

Autopsy results..... XXXX

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... XXXX Date of..... XXX

Where did injury occur?..... (City or town) XX (Count) XX (State) XXX

Injured at home, farm, industry, public place (where?)..... XXXX

Means of injury..... XXXX Injured at work?..... XXX

23. SIGNATURE..... M. G. Chambers

Address..... Ewell, Maryland M. D. or other 6/14/51

Date signed..... 6/14/51

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BURZI V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06297

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED STATE		
Somerset MARYLAND			Maryland COUNTY		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crisfield			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crisfield		
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hospital			STREET ADDRESS 19 Chesapeake Avenue (If rural, give location)		
3. NAME OF DECEASED (Type or Print)		(First) MARY (Middle) WESLEY (Last) WARD	4. DATE OF DEATH June 29, 1951		
5. SEX Female		6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH Nov. 11, 1874	(Month) (Day) (Year) 76 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None		9. AGE last birthday 76	If under 1 year Months Days Hours Min.
House wife				11. BIRTHPLACE (State or foreign country) Crisfield, Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Oliver Sterling		14. MOTHER'S MAIDEN NAME Susan Lankford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS John Ward	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>Immediate cause (a) <i>Cardiac Infarction</i></p> <p>Antecedent cause(s) (b) <i>Coronary thrombosis</i></p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>Atherosclerosis</i></p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19h. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>June 25, 1951</i> , to <i>June 29, 1951</i> , that I last saw the deceased alive on <i>June 28, 1951</i> , and that death occurred at <i>5:30 A.M.</i> from the causes and on the date stated above.					
SIGNATURE		(Degree or title)		ADDRESS DATE SIGNED	
<i>Sarah M. Peyton M.D.</i>				<i>On June 29, 1951</i>	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF July 2, 1951	NAME OF CEMETERY OR CREMATORIAL Crisfield Cemetery	LOCATION (City, town, or county) Crisfield, Maryland	(State)
DATE REC'D BY LOCAL REG. 7/2/51		REGISTRAR'S SIGNATURE Betty M. Tyler		24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06298

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH COUNTY Somerset MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Somerset		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Pocomoke LENGTH OF STAY (in this place) Lifetime			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural			STREET ADDRESS Rural (If rural, give location)		
3. NAME OF DECEASED (Type or Print) LILLIAN M. WHITE			4. DATE OF DEATH June 5, 1951		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug 15, 1897	9. AGE last birthday 53 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Maryland		
10b. KIND OF BUSINESS OR INDUSTRY Home			12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Thomas Marshall			14. MOTHER'S MAIDEN NAME Mary Annie Tilghman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No			16. SOCIAL SECURITY NO. None		
			17. INFORMANT AND ADDRESS William L. White, Pocomoke, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X Immediate cause

(a) *Cancer of the Gall Bladder*INTERVAL BETWEEN
ONSET AND DEATH
5 weeks46P Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 4, 1951	19b. MAJOR FINDINGS OF OPERATION <i>Cancer of the Gall Bladder</i>			20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

Yes No

(STATE)

22. I hereby certify that I attended the deceased from *May 1, 1951*, to *Jun 5, 1951*, that I last saw the deceased alive on *June 5, 1951*, and that death occurred at *745 P.m.* from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Buried	DATE THEREOF 6/8/51	NAME OF CEMETERY OR CREMATORIAL Presbyterian Cemetery	LOCATION (City, town, or county) Rehoboth, Md.
VS. A15 DATE REC'D BY LOCAL REG. 6/9/51	REGISTRAR'S SIGNATURE Mrs. Orville Boyce	24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.	

ADDRESS

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JUN 12 1951

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06299

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY <i>Crisfield Somerset County</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland Somerset</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Maryland Md.</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS <i>McCreedy Crisfield Md.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <i>Dolly</i>	(Middle) <i>Whittington</i>	(Last) <i>R. Neufeld</i>
4. DATE OF DEATH <i>July 26 1951</i>	(Month) <i>July</i>	(Day) <i>26</i>	(Year) <i>1951</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 4th 1888</i>
9. AGE last birthday If under 1 year Months <i>62 yrs.</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>General Laborer & Seafood Sd.</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>Maryland</i>
13. FATHER'S NAME <i>William Whittington</i>	14. MOTHER'S MAIDEN NAME <i>William Whittington</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>219 071347</i>	17. INFORMANT AND ADDRESS <i>William Whittington</i>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <i>Cerebral Hemorrhage R. Neufeld</i>			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <i>Chronic Art. nephritis</i> (c) <i>Chronic nephritis</i>			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>General arterio sclerosis</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12:20 AM 1951</i> , to <i>26 July 1951</i> , that I last saw the deceased alive on <i>July 26, 1951</i> , and that death occurred at _____ m., from the causes and on the date stated above. SIGNATURE <i>George B. Ballou, M.D.</i>			
ADDRESS <i>Maryland Md. June 26 1951</i>			
DATE SIGNED <i>June 26 1951</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>June 28 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Mount Pleasant</i>	LOCATION (City, town, or county) (State) <i>Maryland</i>
DATE REC'D BY LOCAL REG. <i>June 25, 1951</i>	REGISTRAR'S SIGNATURE <i>Betty Messer</i>	FUNERAL DIRECTOR <i>George W. Higginman, Maryland</i>	ADDRESS <i>730826</i>

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JUL 1 1951

BUREAU V. S.

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The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06300 269

Reg. Dist. No. 860

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <u>Somerset</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Oriole</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Oriole</u>	
LENGTH OF STAY (in this place) <u>85 yrs.</u>		STREET ADDRESS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Annie</u>	(Middle)	(Last) <u>Willing</u>
4. DATE OF DEATH	(Month) <u>June</u>	(Day) <u>7</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 2, 1866</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	9. AGE last birthday <u>85</u> yrs.
13. FATHER'S NAME <u>Maname Todd</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT AND ADDRESS <u>Ann Hamilton (daughter)</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <u>Ventricular fibrillation</u>			
Antecedent cause(s) <u>Complete heart block</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>generalized arteriosclerosis</u>			
97			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10/22/50</u> , to <u>6/3/51</u> , 1951, that I last saw the deceased alive on <u>6/3/51</u> , and that death occurred at <u>6/7/51</u> m., from the causes and on the date stated above. SIGNATURE <u>Robert Callicott, M.D.</u> (Degree or title) <u>2:30 pm</u> ADDRESS <u>1414 Anne St. Oriole Md. 6/8/51</u> DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 9, 1951</u> NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <u>Oriole Cemetery Oriole</u> (State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>6/8/51</u>		REGISTRAR'S SIGNATURE <u>R. Johnson, M.D.</u> 24. FUNERAL DIRECTOR <u>Lester R. Wilson, Princess Anne</u> ADDRESS <u>720826 Md.</u>	
		STANIS. BENNETT	

REFEEIVE

BUREAU K.S.
JUN 19 1951